

Issued under authority of P.A. 281 of 1967. **Type or print in blue or black ink.**

**Attachment Sequence No. 05**

PLACE LABEL HERE	▶ 1. Filer's First Name, Middle Initial and Last Name			▶ 2. Filer's Social Security Number														
	If a Joint Return, Spouse's First Name, Middle Initial and Last Name			▶ 3. Spouse's Social Security Number														
	Home Address (No., Street, P.O. Box or Rural Route)			Office Use														
	City or Town		State				ZIP Code	▶ 4. School District Code (see page 45)										
▶ 5. Residency Status in 2003:																		
a. <input type="checkbox"/> Resident		c. <input type="checkbox"/> Part-Year Resident. Complete Dates:		▶ 6. Check the box(es) for which you qualify:														
b. <input type="checkbox"/> Nonresident		YOU <table border="1"> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>		FROM			TO			Month	Day	Year	Month	Day	Year	a. <input type="checkbox"/> Age 65 or older b. <input type="checkbox"/> Unremarried spouse of a person who was 65 or older at the time of death c. <input type="checkbox"/> Paraplegic, Quadriplegic or Hemiplegic d. <input type="checkbox"/> Totally and Permanently Disabled (see p. 20) e. <input type="checkbox"/> Blind/Deaf		
FROM			TO															
Month	Day	Year	Month	Day	Year													
		SPOUSE <table border="1"> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>		FROM			TO			Month	Day	Year	Month	Day	Year			
FROM			TO															
Month	Day	Year	Month	Day	Year													

7. <b>Homeowners:</b> Enter the 2003 <b>taxable value</b> of your homestead .....	7. ....	.00
8. Property Taxes levied on your home in 2003 (see pages 18-19) or amount from line 42, 47 and 49 .....	8. ....	.00
9. <b>Renters:</b> Enter rent paid in 2003 from line 44 .....	9. ....	.00
10. Multiply line 9 by 20% (.20) .....	10. ....	.00
11. <b>Total.</b> Add lines 8 and 10 .....	11. ....	.00

**HOUSEHOLD INCOME.** Include income from both spouses. If your household income is more than \$82,650, you are not eligible for a credit.

12.	Wages, salaries, tips, sick, strike and SUB pay, etc. ....	12.	_____	.00
13.	All interest and dividend income (including nontaxable interest) .....	13.	_____	.00
<b>14.</b>	Net rent, business or royalty income .....	<b>▶ 14.</b>	_____	.00
15.	Retirement pension and annuity benefits. Name of payer: _____	15.	_____	.00
16.	Net farm income .....	16.	_____	.00
17.	Capital gains less capital losses (see page 21) .....	17.	_____	.00
18.	Alimony and other taxable income (see page 21). Describe: _____	18.	_____	.00
<b>19.</b>	Social Security, SSI and/or railroad retirement benefits .....	<b>▶ 19.</b>	_____	.00
20.	Child support (see page 21) .....	20.	_____	.00
<b>21.</b>	Unemployment compensation .....	<b>▶ 21.</b>	_____	.00
22.	Other nontaxable income (see page 21). Describe: _____	22.	_____	.00
23.	Worker's compensation, veterans' disability compensation and pension benefits .....	23.	_____	.00
<b>24.</b>	FIP and other FIA benefits .....	<b>▶ 24.</b>	_____	.00

25. <b>SUBTOTAL.</b> Add lines 12-24 .....	<b>SUBTOTAL</b>	25. ....	.00
26. Other adjustments (see page 21). Describe: .....	26. ....	.....	.00
27. Medical insurance or HMO premiums you paid for you and your family .....	27. ....	.....	.00
28. Add lines 26 and 27 .....		28. ....	.00
<b>29. HOUSEHOLD INCOME.</b> Subtract line 28 from line 25 .....		<b>29. ....</b>	.00
30. Multiply line 29 by 3.5% (.035) or by the percent in Table 3 (see page 22) .....		30. ....	.00
31. Subtract line 30 from line 11. If line 30 is more than line 11, enter "0" and STOP: you are not eligible ....		31. ....	.00

**Seniors (65 and older) and anyone else who checked a box on line 6, complete lines 33 or 34.**

**FIP/FIA recipients, complete line 33. All others must complete line 32.**

32. Multiply line 31 by 60% (.60) (maximum \$1,200). Go to line 35 .....	32.	_____	.00
33. <b>FIP/FIA recipients</b> , complete lines 50-53 and enter amount from line 53 here. <b>Seniors who pay rent</b> , complete lines 54-58 and enter amount from line 58 here (maximum \$1,200). Go to line 35 .....	33.	_____	.00
34. Senior homeowners or anyone who checked a box on line 6 (if you completed line 33, skip this line), enter the amount from line 31 (maximum \$1,200). Go to line 35 .....	34.	_____	.00
35. <b>CREDIT.</b> If your household income (line 29) is less than \$73,650, enter the amount that applies to you from line 32, 33 or 34 here. If it is more than \$73,650, you must reduce your credit (see instructions on page 22). If you file an MI-1040, carry this amount to your MI-1040, line 30 .....	▶ 35.	_____	.00



**Deposit your refund directly into your bank account! See pg. 14 and complete a, b and c.**

a. Routing Number ▶


c. Account Number ►

[illegible]

(1) ☐ Checking  
 (2) ☐ Savings

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**PART 1: HOMEOWNERS.** Report on lines 36 and 37 the addresses of the homesteads you are claiming credit on.

36. Address of where you lived on December 31, 2003, if different than reported on line 1.	Taxable Value
37. Address of homestead sold during 2003 (No., street and city).	Taxable Value

If you bought or sold your home in 2003, complete lines 38-42.

HOMESTEAD:

A. Bought

B. Sold

38. Number of days occupied. (Total cannot be more than 365.)	38.		
39. Divide line 38 by 365 and enter percentage here	39.	%	%
40. Property taxes levied in calendar year 2003	40.		
41. Prorated taxes. Multiply line 40 by percentage on line 39	41.		
42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 8	42.	.00	

**PART 2: RENTERS**

43. Address of Homestead You Rented (No., Street, Apt. #, City)	Landowner's Name and Address	No. of Months Rented	Monthly Rent	Total Rent Paid
A.				A.
B.				B.

44. Total rent paid (not more than 12 months). Add total rent for each period. Enter here and on line 9 ..... 44. .00

**PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES**

45. Name and Address of Housing Project or Landowner
46. Enter the total rent you paid in 2003. Do not include amounts paid on your behalf by a government agency..... 46. .00
47. Multiply line 46 by 10% (.10). Enter here and on line 8 ..... 47. .00

**PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED**

48. Name and Address of Care Facility
49. Your share of taxes paid by the landowner (see page 19). Enter here and on line 8 ..... 49. .00

**PART 5: CREDIT PRORATION.** Complete if you received FIP/FIA benefits.

50. Subtract line 24 from line 29 and enter here	50.	.00
51. Divide line 50 by line 29 and enter percentage here	51.	%
52. If you checked a box for 65 or older or checked any box on line 6, enter the amount from line 31. All others, multiply amount on line 31 by 60% (.60) and enter here (maximum \$1,200)	52.	.00
53. Multiply line 52 by percentage on line 51. If you are age 65 or older and you rent your home, enter here and on line 54 and complete lines 55-58. Otherwise, enter here and on line 33	53.	.00

**PART 6: ALTERNATE PROPERTY TAX CREDIT FOR RENTERS AGE 65 AND OLDER**

54. Enter amount from line 31 or from line 53	54.	.00
55. Enter rent paid from line 44 or line 46. (If you moved during 2003, see instructions, page 19.)	55.	.00
56. Multiply the amount on line 29 by 40% (.40) and enter here	56.	.00
57. Subtract line 56 from line 55. If line 56 is more than line 55, enter "0"	57.	.00
58. Enter the larger of line 54 or line 57 and carry this amount to line 33	58.	.00

**Deceased  
Taxpayers**If filer is deceased, enter  
date of death. ▶

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If spouse is deceased,  
enter date of death. ▶

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I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		▶ Preparer's SSN, PTIN or FEIN	
Filer's Signature	Date	▶ Preparer's Name and Address	
Spouse's Signature	Date		